Well Number

(FOR CONTRACTOR'S USE)

State of New Hampshire Water Well Board PO Box 95 Concord, NH 03302-0095

e Only

WRB#

LOCACC ___

This report must be submitted to the N.H. Water Well Board no later than 90 days after the completion of the well.

Well Completion Report Special Notes on Back

uie c	completion of the	weii.			Special No	iles on back			
1.	Well Owner	er/Home C	wner:	Name			Permanent Mailing Address		
	Building C	Contractor	:						
					Name		Permanent Mailing A	Address	
2.	Location of	of Well: To	wn		Add	ress	Road Na		
								me	
	Town: Tax	Map No			_Lot No				
	Latitude I	<u>N</u>	o	·	GPS I	Manufacturer:	□ Garmin □	Magellan	
	Longitude \	١٨/	0				□ Othor		
	Please Repo	ort Coordina	ites in: Map Da	atum: WGS 84	Position Forma	at: hddd°mm.mm	im		
3.	Non-Confo			Form Requir	red: □ Yes	s 🗆 No			
4.	Date Well	was Comi	pleted:						
5.		-				Vell □ Othe	er (Evolain)		
	-				_				
6.	Reason to	r Constru	cting well:	⊔ New Sup	opiy ⊔ Repiace	Existing Suppl	y ⊔ Otner		
7.	Type of W	/ell: □ Dri	lled in Bedro	ck ☐ Drille	ed in Gravel	Dug □ Driv	ren Point ☐ Wa	sh Well	r
8.	Total Dept	h of Well			feet below land s	surface.			
9.	Depth to B	Bedrock _			feet below land s	urface.			
10.	Casing De	tails: Lenç	gth		ft., Dia	in.,	Material	, Wt.	lb./ft.
11.	Method(s)	of Sealing	g Casing to	Bedrock: □	Drive Shoe	Drillings	☐ Grout ☐ Othe	er	
			_			_		ours, at	
				•					
13.	Static Wat	er Level:			feet below la	and surface.	Date Measured		
14.	Water Ana	ı lysis: Has	the water be	een analyzed	? □ Yes □ No	If yes, wher	'e		
15	Well Log:								
	Depth	in Feet	Water						
	From	То	Bearing		F	ormation Desc			Type
	Ground Surface			☐ Sand	☐ Gravel	□ Till	☐ Clay/Silt	☐ Bedrock	
				☐ Sand	☐ Gravel	☐ Till	☐ Clay/Silt	☐ Bedrock	
				☐ Sand	☐ Gravel	☐ Till	☐ Clay/Silt	□ Bedrock	
				□ Sand	□ Gravel	☐ Till	☐ Clay/Silt	□ Bedrock	
				□ Sand	□ Gravel	☐ Till	☐ Clay/Silt	□ Bedrock	
		-	1	☐ Sand	☐ Gravel	☐ Till	☐ Clay/Silt	☐ Bedrock	
	<u> </u>		1	☐ Sand	☐ Gravel	☐ Till☐ Till☐	☐ Clay/Silt	□ Bedrock	
				☐ Sand ☐ Sand	☐ Gravel	□ Till	☐ Clay/Silt ☐ Clay/Silt	☐ Bedrock☐ Bedrock	
				□ Sand	☐ Gravel	□ Till	☐ Clay/Silt	□ Bedrock	
				□ Sand	☐ Gravel	Till	☐ Clay/Silt	□ Bedrock	
	1		1				_ J.ay/ Jiit		

 $\ \ \Box \ \ Clay/Silt$

16. **Yield Log:** If the yield was tested at different depths during drilling, list below.

Feet	GPM	Feet	GPM	Feet	GPM

17.	. Additional Well Development Methods Used:					
	Hydro-Fracturing Information: Standard	□ Zone	No. of Settings			
	Packer Settings (Ft) 1 st Set2 nd	Set	_ 3 rd Set	4 th Set		
	High Pressure (PSI)					
	Low Pressure (PSI)					
	Surging Depths: 1 st Set2 nd	Set	3 rd Set	4 th Set		
	Other Methods (Explain)					
18.	3. Measured Yield After Development	GPM,	Before Develo	opment	GPM	
19.	Additional Well Seals Installed Inside of Well:	:				
	☐ Jaswell Type Seal ☐ Sha	ale Packer	Depth Setting	j feet b	elow land surface.	
	□ Other (Explain)					
	Drop Pipe Used: ☐ Steel ☐ PVC		Grouted Between L	iner and Outer Casing		
20.). Screen Details: Make & Type		, Material	, Lenç	yth	ft.
	Diameter in., Slot Size	, Dер	th to top of screen	from land surface		ft.
	Gravel Pack, if used: Gravel Size or Type _					
21.	A water well contractor must provide a drawing relative to significant permanent man-made feat form. Additional information attached:	tures. Provide this	information in the	more than one well is space below, or as an	located within the leattachment to this	ot,
22.	A technical driller must submit a separate well of property or place of business. A technical drille installs at a property or place of business. If the monitoring well they installed in unconsolidated a map showing the location of each monitoring features at a given site, and relative to well(s) to Well Completion Form. Additional inform	r also must submit technical driller hamaterial at a single well installed by the cated with GPS. I	a well completion as not completed a e property or place e technical driller re	report for the deepest a separate well complet of business, then it madelative to significant made	monitoring well it tion form for each ust prepare and sul an-made or natural	
23.	3. Please attach results of drawdown test if performance of the second s	rmed.				
24.	4. Please provide any additional or unusual inform	nation about the w	ell in the space bel	ow, or as an attachme	nt to this form.	
Add	lditional Notes:					
		Doing Business a	s	Company or Business Name		
		Report Filed by _				
				Licensee Signature		
hic	e form is also available on line at www des nh gov/wwh	Date of Report		Licanca N	in.	